

**\*SPECIAL RENEWAL APPLICATION**

\* This form is for use **only** by those who did not receive their renewal billing notice 45 days before their expiration date.

**California Supervisor and Operator Certificate**

Check categories listed on certificate. <input type="checkbox"/> Radiography <input type="checkbox"/> Fluoroscopy <input type="checkbox"/> Dermatology <input type="checkbox"/> Radiology	Certificate Number	Certificate Expiration Date
Last Name, suffix	First Name	Middle Name
Date of Birth	Social Security Number	Phone Number
Mailing Address <input type="checkbox"/> Check this box if this is a change of address since your last certificate/permit was issued.		
City	State	ZIP Code

**It is very important that you provide your full true name.**

Pursuant to the authority found in Section 114870 of the California Health and Safety Code and as required by Section 17520 of the California Family Code, providing the social security number is mandatory. The social security number will be used for purposes of identification. The information on this form may be provided to federal, state, or local agencies for law enforcement purposes. For information or access to your records, contact the Chief of the Certification Unit at the California Department of Health Services, Radiologic Health Branch, MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414, (916) 327-5106.

Return this form along with your applicable nonrefundable renewal fee payment in the form of a check or money order made payable to “**CDHS-RHB**” (*California Department of Health Services – Radiologic Health Branch*) for **ALL categories shown on your certificate**:

- ☐ **\$70.00 per category** if your certificate has not expired.
- ☐ **\$81.08 per category** if your certificate expired within the past six months.
- ☐ **\$151.08 per category** if your certificate expired within the past 5½ years.

**Note:** Certificates can not be renewed after 5½ years from the expiration date, you will need to reapply.

You are required to earn 10 hours of approved continuing education credits within the past two years. Complete extra copies of page 2 of this form as needed to list the required approved continuing education credits you have earned and return them along with this page and payment to:

**Billing and Cashiering Unit**  
**California Department of Health Services**  
**Radiologic Health Branch, MS 7610**  
**P.O. Box 997414**  
**Sacramento, CA 95899-7414**

*I certify that all information provided with this application is true and correct. I understand that the California Department of Health Services may cancel certificates that are procured by fraud, misrepresentation, or mistake, and may revoke certificates for the nonpayment of fees. Further, I am aware that it is unlawful to use X-rays on human beings in this state unless I am certified pursuant to the Radiologic Technology Act, I am acting within the scope of that certification, and I am acting under the supervision of a licensee of the healing arts who is a certified supervisor or operator.*

Signature	Date
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## Earned Approved Continuing Education Credits For Renewing A California Supervisor and Operator Certificate

**This list can only be accepted when submitted with a completed RENEWAL APPLICATION form and fees.**

Check categories listed on certificate. <input type="checkbox"/> Radiography <input type="checkbox"/> Fluoroscopy <input type="checkbox"/> Dermatology <input type="checkbox"/> Radiology	Certificate Number	Certificate Expiration Date
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An approved continuing education credit is one hour of instruction received in subjects related to the application of X-ray to the human body and accepted for purposes of credentialing, assigning professional status, or certification, by any of the following **groups**:

- | Code | Group  |
|------|--|
| A.   | American Registry of Radiologic Technologists; |
| B.   | Medical Board of California;                   |
| C.   | Osteopathic Medical Board of California;       |
| D.   | Board of Podiatric Medicine;                   |
| E.   | California Board of Chiropractic Examiners;    |
| F.   | Board of Dental Examiners.                     |

Course Title				
Provider or Sponsor	Location (City, State)	Date	Code	Hours
Course Title				
Provider or Sponsor	Location (City, State)	Date	Code	Hours
Course Title				
Provider or Sponsor	Location (City, State)	Date	Code	Hours
Course Title				
Provider or Sponsor	Location (City, State)	Date	Code	Hours
Course Title				
Provider or Sponsor	Location (City, State)	Date	Code	Hours

**Do not send us copies of your Continuing Education documents.** You are required to maintain these documents for five years so that you can make them available to the Department upon request.

*I certify that I have earned the approved continuing education credits listed on this form. I understand that the California Department of Health Services may cancel certificates that are procured by fraud, misrepresentation, or mistake.*

Signature	Date
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